

The School District has leased _____ classroom units, or teaching stations, as interim housing for our student ADA as allowed in our Office of Public School Construction approved budget for modernization project number 77/_____.

List each unit as follows (if more than 1 teaching station is enclosed in a single portable unit, please indicate). If additional space is needed, please attach second page.

VENDOR	SERIAL NUMBER	MONTHLY RATE	LEASE PERIOD	SET-UP/DISMANTLE CHARGES	TOTAL PAID	Check if Double Teaching Station

I, _____, Authorized District Representative for _____ School District, do certify under penalty of perjury that the Interim Housing expenditures claimed above have not been claimed on the *District Match Share Contribution Report*, Form SAB 505, and the *Interim Housing Cost Worksheet*, SAB 505A, as reductions in the matching share requirement.

AUTHORIZED SIGNATURE 	DATE
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